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POUGHKEEPSIE, NY 12603

Receipt

TS1998-850/852B

October 11, 2001

To: Assistant Commissioner of Patents
Office of Initial Patent Examination
Customer Service Center
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NOV - 2 2001
TC 2800 MAIL ROOM

From: Stephen B. Ackerman

Subject: Serial No.: 09/932,680
Filing Date: 08/20/01
Inventor: C. J. Lin, et al
Title: Tilt-Angle Ion Implant to Improve Junction Breakdown in Flash Memory Application

REQUEST TO CORRECT FILING RECEIPT

Dear Sir:

On the copy of the enclosed Filing Receipt, there are errors in the list of Applicants. The second and fourth Applicants' residences are incorrect. Mr. Su's name and corrected residence reads; **Hung-Der Su, Kaohsiung, Taiwan**. Mr. Chu's name and corrected residence reads; **Wen-Ting Chu, Kaohsiung, Taiwan**.

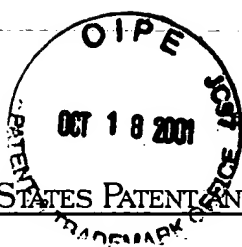
Please make the necessary changes to correct the errors on the Filing Receipt.

If there are any questions, please contact the undersigned attorney at (845) 452-5863. Thank you for your attention to this matter.

Respectfully Submitted,

Stephen B. Ackerman, Reg. No. 37,761

OCT. 07 2001



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APPLICATION NUMBER	FILING DATE	GRP ART UNIT	FIL FEE REC'D	ATTY. DOCKET NO	DRAWINGS	TOT CLAIMS	IND CLAIMS
09/932,680	08/20/2001	2813	710	TS1998-850/852B	7	3	1

CONFIRMATION NO. 5633

FILING RECEIPT



OC000000006841629

George O. Saile
20 McIntosh Drive
Poughkeepsie, NY 12603

Date Mailed: 10/03/2001

Receipt is acknowledged of this nonprovisional Patent Application. It will be considered in its order and you will be notified as to the results of the examination. Be sure to provide the U.S. APPLICATION NUMBER, FILING DATE, NAME OF APPLICANT, and TITLE OF INVENTION when inquiring about this application. Fees transmitted by check or draft are subject to collection. Please verify the accuracy of the data presented on this receipt. If an error is noted on this Filing Receipt, please write to the Office of Initial Patent Examination's Customer Service Center. Please provide a copy of this Filing Receipt with the changes noted thereon. If you received a "Notice to File Missing Parts" for this application, please submit any corrections to this Filing Receipt with your reply to the Notice. When the USPTO processes the reply to the Notice, the USPTO will generate another Filing Receipt incorporating the requested corrections (if appropriate).

Applicant(s)

Chrong-Jung Lin, Hsin-Tien City, TAIWAN;

Hung-Der Su, Hsin-Chu, TAIWAN;

Jong Chen, Taipei, TAIWAN;

Wen-Ting Chu, Hsin-Chu, TAIWAN;

Kaohsiung

Kaohsiung

Assignment For Published Patent Application

TAIWAN SEMICONDUCTOR MANUFACTURING COMPANY;

Domestic Priority data as claimed by applicant

THIS APPLICATION IS A DIV OF 09/431,236 11/01/1999 PAT 6,297,098

Foreign Applications

If Required, Foreign Filing License Granted 10/03/2001

Projected Publication Date: 01/10/2002

Non-Publication Request: No

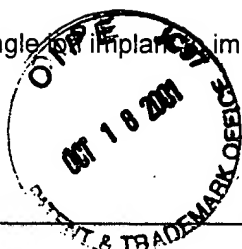
Early Publication Request: No

Title

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Tilt-angle for implants improve junction breakdown in flash memory application

Preliminary Class
438



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Title 37, Code of Federal Regulations, 5.11 & 5.15**

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Bib Data Sheet

CONFIRMATION NO. 5633

SERIAL NUMBER 09/932,680	FILING DATE 08/20/2001 RULE	CLASS 438	GROUP ART UNIT 2813	ATTORNEY DOCKET NO. TS1998-850/852B
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APPLICANTS
Chrong-Jung Lin, Hsin-Tien City, TAIWAN;
Hung-Der Su, Kaohsiung, TAIWAN;
Jong Chen, Taipei, TAIWAN;
Wen-Ting Chu, Kaohsiung, TAIWAN;

✓ **** CONTINUING DATA *******
THIS APPLICATION IS A DIV OF 09/431,236 11/01/1999 PAT 6,297,098

**** FOREIGN APPLICATIONS *******

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** 10/03/2001

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY TAIWAN	SHEETS DRAWING 7	TOTAL CLAIMS 3	INDEPENDENT CLAIMS 1
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after allowance				
Verified and Acknowledged Examiner's Signature: <i>[Signature]</i> Initials: _____				

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TITLE
Tilt-angle ion implant to improve junction breakdown in flash memory application

FILING FEE RECEIVED 710	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
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